State of North Carolina Department of Environment, Health and Natural Resources Regional Health Office

James B. Hunt, Jr., Governor Jonathan B. Howes, Secretary Leesha L. Fuller, Regional Manager



January 25, 1995

CERTIFIED MAIL NUMBER: Z-691 946 351 RETURN RECEIPT REQUESTED

Mrs. Earl Fleming 1214 S. Woodleigh Circle Reidsville, NC 27320

SUBJECT:

Underground Storage Tank (UST) Closure Assessment at One Stop, 931 W.

Harrison St., Reidsville, Rockingham County

Dear Mrs. Fleming:

The Groundwater Section of the Winston-Salem Regional Office is now reviewing the UST closure assessment for the subject location. In order to determine whether or not the closure was performed in accordance with State and Federal regulations, the Groundwater Section must be provided with the following information within 30 days from receipt of this letter:

- 0 a description of the decontamination procedures used during sample collection;
- one sample under the each dispenser; and, 0
- the disposal manifest for the tanks or the address of the person/company the tanks were transferred to.

All soil sample analyses must be accompanied by a chain-of-custody and the sampling protocol. Please note that all subsurface investigative work is now required to be supervised by a Licensed Geologist or Professional Engineer, with all reports signed and sealed by that professional. Your cooperation is appreciated. Please refer to the file name, One Stop, on the cover letter of your reply. This will help us speed up the review. If you have any questions please contact me at the letterhead address and/or telephone number.

Sincerely,

Hydrogeological Technician I

cc: WSRO Files Z 691, 946-351



Receipt for Certified Mail

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Complete items 3, and 4a & b. following services (for an extig . Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space 1. Addressee's Address Write "Return Receipt Requested" on the mailpiece below the article number 2.

Restricted Delivery . The Return Receipt will show to whom the article was delivered and the date Consult postmaster for fee. ē 3. Article Addressed to: 4a. Article Number Return MRS. EARL FLEMING ||Z|||691-946-351 1214 S. WOODLEIGH CIRCLE 4b. Service Type Registered ☐ Insured REIDSVILLE, NORTH CAROLINA 27320 ☐ Certified ☐ COD Return Receipt for Merchandise ☐ Express Mail 7. Date of Delivery 5. Signature (Addressee) Addressee's Address (Only if requested and fee is paid) 6. Signature (Agent) PS Form 3811, December 1991 ± U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT